

**COSTS INVOLVED & GENERAL INFORMATION
ON ACTING AS A PRO SE LITIGANT**
Petition for Appointment of Guardian of Person & Property

You have elected to act as your own attorney (pro se) filing the petition for guardianship yourself. Our office wants you to be completely aware of possible costs that will be involved.

An initial fee of *fifty dollars* is expected with the *filing of the petition*. If you should write a check, make it payable to Register in Chancery.

A Delaware lawyer will be appointed "attorney ad litem" by the Court. He or she will investigate and respond to the petition you are about to file. The attorney ad litem will represent the supposed disabled person. *There will be costs for this attorney ad litem*. The Court will award the attorney ad litem a reasonable fee for his work on behalf of the allegedly disabled person, and will decide which party is responsible for payment of the fee. As the petitioner, YOU MAY BE RESPONSIBLE FOR THE FEE OF THE ATTORNEY AD LITEM.

There are *additional costs to be determined* after the petition is heard in court. These are referred to as court costs. A bill will be presented to you by our office immediately following court.

If you should have any questions regarding costs or other, please contact our office at (302) 856-5777.

COURT OF CHANCERY

Information Needed on Civil Miscellaneous Filings

IN THE MATTER

OF: _____

Address: _____

Guardian: _____

Current Address:

C.M.# _____

Social Security# _____

Date of Birth: _____

Social Security# _____

Drivers License# _____

Date of Birth: _____

Home Phone# _____

Work Phone# _____

Co-Guardian:

Social Security# _____

Drivers License# _____

Date of Birth: _____

Current Address:

Home Phone# _____

Work Phone# _____

**IN THE COURT OF CHANCERY OF THE STATE OF
DELAWARE IN AND FOR SUSSEX COUNTY**

In the Matter of:

C.M.# _____ -
leave blank

_____,
a disabled person

S.S.# _____

**PETITION FOR THE APPOINTMENT OF GUARDIAN OF THE
PERSON AND PROPERTY**

_____ ("Petitioner") represents:

1. Petitioner presently resides at _____.

Petitioner is the _____, _____ hereinafter referred to as Mr./Mrs.
relationship to dp name
_____.
dp name

2. The disabled person is _____ years old. Birth date is _____.

(Explain living arrangements as far as permanent AND/OR current residence such as hospital/institution, etc., and admittance date)

3. The expenses of the disabled person are currently being borne by _____.

4. The marital status of the disabled person is _____.

5. The next of kin of the disabled person who would be entitled to the estate of the disabled person in the event of the disabled person's death intestate are the following:
(names, relationship, address)

6. The disabled person is believed to have made a Will which is located at _____
_____ in the custody of _____ of _____.
will's placement possession of whom town

6. Has the disabled person ever appointed a Power of Attorney? If so, whom _____

8. Has the disabled person been represented by a Delaware attorney? If so, explain briefly including years of service. _____

9. A list of the assets are the following:
(Insert in separate numbered subparagraphs a list of the real estate holdings and personal property of the disabled person including estimated value and rental value.)

10. A list of believed current sources of income are listed as the following:
(Social Security, Pension, etc.)

11. A list of believed current sources of liabilities are listed as the following:
(living, health care, medical expenses)

12. Has the disabled person ever been a member of the armed forces?

13. In detailed information, explain the necessity of the guardianship being established.

_____ is unable to properly manage and care for his/her property or
dp name
person and, as a consequence thereof, is in danger of dissipating or losing such property by
becoming the victim of designing person. He/she is also in danger of substantially
endangering his/her own health of becoming subject to abuse by other persons.

14. The disabled person is a domiciliary of the State of Delaware.

15. There is presently no guardian for the person or property of the disabled person.

16. A medical report of _____ attending physician _____ ,
dp name Dr.'s name
M.D., who has his/her offices at the _____ he/she can be reached by the
phone number of _____. Note, attached medical report as Exhibit "A".

17. Your petitioner consents to the Register in Chancery of this Court being his/her agent for acceptance of service on behalf of the petitioner as to any claim arising out of the guardianship if, by reason of the guardian's absence from this state, (s) he cannot be personally served.

WHEREFORE, the petitioner respectfully prays that:

- a. This Court appoint her/him as guardian of the property and person of the disabled person.
- b. She/he be permitted to serve as guardian without the necessity of posting surety on the bond.
- c. A preliminary order be entered setting the matter down for a hearing and providing for notice.

Petitioner's Name
Address
Phone Number
S.S.# _____

(sign in front of a Notary Public)

BE IT REMEMBERED that on this _____ day of _____
200__, before me, the Subscriber, a Notary Public for the State and County aforesaid, appeared _____, known personally to me and being duly sworn in accordance with law declared that the facts alleged in the foregoing Petition are true and correct to the best of affiant's knowledge and belief.

Notary Public

(Doctor's Report must be attached to petition. Please have the doctor's signature notarized)

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN AND FOR SUSSEX COUNTY

In The Matter of:

C.M. # _____ - SUSSEX

_____,
a disabled person

I, _____, of _____, do hereby and
depose and say that:

1. I am a physician duly licensed to practice medicine in the State of Delaware.

2. I am one of the staff physicians at _____

name of physician's practice or attending hospital

3. The only relationship between the above named person and myself is that of physician
and patient.

4. I last examined the aged, mentally disabled and physically incapacitated person on the
_____ day of _____, 20____, and in my medical opinion he/she is not
mentally ill but needs a guardian of his/her property by reason of advanced age, mental
debilitation and physical incapacity, he/she is unable to properly care for his/her property and
in consequence thereof is in danger of dissipating or losing his/her property or becoming the
victim of designing persons.

5. The aged, mentally disabled and physically incapacitated person also needs a guardian of her/her person because by reason of such mental debilitation, age, and incapacity, he/she is in danger of substantially endangering his/her health and becoming subject to abuse by other people and becoming the victim of designing persons.

6. The particulars of the alleged advance age, mental debilitation and physical incapacity are set forth as follows:

7. Personal service of legal papers upon _____
dp name
would be detrimental/meaningless to the person's health in that there is a questionable ability on his/her part to comprehend the meaning of legal papers in their entirety and would become agitated and alarmed to his/her potentially severe physical detriment.

Dated: _____

Physician's Signature

STATE OF DELAWARE *
*
COUNTY OF SUSSEX *

SWORN TO AND SUBSCRIBED before me this _____ day of _____,
20____.

Notary Public

**IN THE COURT OF CHANCERY OF THE STATE OF
DELAWARE IN AND FOR SUSSEX COUNTY**

In The Matter Of:

C.M.# _____ -

_____,
a disabled person

PRELIMINARY ORDER

AND NOW, TO WIT, this _____ day of _____, 20____, the petition for
appointment of a guardian of the person and property of _____
dp name

hereafter called "disabled person", filed in this matter having been read and duly considered by
the Court,

NOW, THEREFORE, IT IS ORDERED THAT:

1. _____, Esquire, is appointed attorney ad litem for the
leave blank
disabled person. Service shall be made upon the Sheriff unless a Waiver of Service is filed
by the attorney ad litem.
2. The attorney ad litem shall file a report with the Court before noon _____,
leave blank
20____.
3. A hearing shall be held at the Court of Chancery, Sussex County Courthouse, the Circle,
Georgetown, Delaware, on Friday, _____, 20____, at 9:30 a.m., to
leave blank

appoint _____ Guardian of Person and Property of
petitioner's name

_____, a disabled person.
dp name

4. Notice by registered or certified mail of the time, place, and purpose of such hearing shall be given by the Petitioner at least ten (10) days prior to the hearing to the next of kin

_____. Petitioner to send into the Register In Chancery Office all certified
dp name
mail receipts the Wednesday before Court.

Master

NOTE: CONSENT AND WAIVER OF NOTICE

A Waiver of Notice and Consent is generally brought to the attention of disabled person's spouse, children, parents, and/or sibling (brother/sister).

You as the petitioner, can approach the completion of Consent and Waiver of Notice in one of two different ways. Preferably, the Consent and Waiver of Notice is to be signed by the disabled person's relative/next of kin. If the relative(s) should live out of state or cannot be reached physically, there is an alternative method. You can send the entire petition through the Certified Mail with an attached letter. This letter should contain pertinent information such as the Court date, time, and place of the Final Order hearing. This will ensure that all next of kin have been notified of the prospective guardianship's establishment.

(make copies for each interested party) (signatures must be notarized)

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE
IN AND FOR SUSSEX COUNTY

In The Matter Of:

C.M.# _____ -

_____,
A disabled person

CONSENT AND WAIVER OF NOTICE

The undersigned, _____, _____ of
Relative's name of dp dp name
_____, hereby waives his right to notice of a hearing upon the Petition of
dp name
_____ to appointed Guardian of Person and Property of the disabled person
petitioner
and hereby consents to _____ appointment as such without
petitioner
further notice.

IN WITNESS WHEREOF, _____ has hereunto set his hand and seal this
____ day of _____, 20 ____.

Next of Kin's Name & Signature

STATE OF DELAWARE:
:
SUSSEX COUNTY :

On this _____ day of _____, 20____, in due form acknowledged the foregoing
instrument to be his act and deed and desired the same to be recorded as such.
Witness my hand and notarial seal the day and year aforesaid.

Notary Public

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE
IN AND FOR SUSSEX COUNTY

In The Matter Of:

*
*
*

C.M. # _____ -

_____,
a disabled person

**FINAL ORDER FOR APPOINTMENT OF GUARDIAN
OF THE PERSON AND PROPERTY**

WHEREAS, a hearing on the matter ("the Hearing" was held on

_____, 20____,
leave blank

WHEREAS, Petitioner, _____ is the _____, of
Petitioner relationship to dp

_____ (hereafter "the disabled person"), and the disabled person's other
dp name

relative(s) has/have waived notice and consented to or has received notice through certified mail
on the appointment of _____
dp name

as Guardian of the Person and Property of the disabled person; and

WHEREAS, _____, Esquire, the previously appointed attorney ad
leave blank
litem for the disabled person, has personally served at least ten days before the date of the hearing
and has rendered his/her report; and

WHEREAS, the Court has reviewed the Petition, considered the medical report and the
statements made at the hearing, and finds that _____ suffers from mental and
dp person

physical disability, and is unable to properly manage and care for his/her Person and Property and , that in consequence thereof, is in danger of dissipating or losing such property, becoming the victim of designing persons.

NOW THEREFORE, it is ordered that:

1. _____ is hereby appointed Guardian of Person and Property of
Petitioner

dp name

2. Before entering upon her/his duties as Guardian pursuant to this Order,
_____ shall execute a bond a favor of the State of Delaware in the sum of
Petitioner
\$ _____ with/without surety as a condition for the faithful performance of his
leave blank
duties as Guardian.

3. _____ , as Guardian, shall open one or more bank accounts
Petitioner
at _____ and/or its successors and shall deposit all monies of the
bank institution
disabled person person in such account(s). The account(s) shall be entitled "Court of
Chancery Guardianship of _____ , _____ , Guardian,
dp name Petitioner
Withdrawals Only by Order of the Court." The Guardian may withdraw up to \$ _____
per month without further order of the Court.

4. A first inventory is due within 30 days of today's date.

5. Guardianship accounts shall be filed at least once every year on the anniversary date of the appointment of the guardian. Guardian to file a status report with the Register In Chancery each year on the anniversary date of the appointment of the guardian informing of the current mailing address of both the disabled person and the guardian, current medical statement from the attending physician setting forth the current medical status of the ward, and addressing the need for a continued guardianship.

The guardian of the property, as required by the Rules of this Court, and as often at other times as the Court shall direct, shall make a just and true account of this estate before this Court.

6. The Guardian shall, within ____ days, submit proof to the Register in Chancery that the terms of this Order have been complied with and the bank accounts provided for in this Order have been opposed in accordance with the provisions of this Order.

7. The Guardian is authorized to pay the following costs of these proceedings:

A. \$ _____ to the Register In Chancery;
 leave blank

B. \$ _____ to _____, Esquire, for his/her services as the
 leave blank leave blank
attorney ad litem for the disabled person.

Master